STANDING ORDER Set Up Form

Club Sligo
Cumann Sligeach

To the Manager

Branch Address

I /We hereby authorise and request you to debit my/ our account
(Details of the account from which payments will be made)

Account Name:

BIC (**optional from Feb 1st 2016)**

IBAN

and to Credit the Beneficiary/Receiver account
(Details of the account to which payments will be made)

Account Name & Details:
Sligo GAA Centre of Excellence
IBAN – IE71 AIBK 9372 5816 8954 03
BIC - AIBKIE2DXXX

*Beneficiary /Receiver Reference

Reference will appear on Beneficiary /Receiver statement (Members Name)

Start Date (cannot be historic)

D	D	M	M	Y	Y	Y	Y

Frequency

Weekly		Fortnightly		Monthly	
Quarterly		Annually		Other	

Number of Payments

Amount

Signature | Date

Signature | Date

Please allow 5 working days prior to the first payment due date.

Please return the completed form to Club Sligo GAA, Centre of Excellence, Scarden, Strandhill Road, Sligo